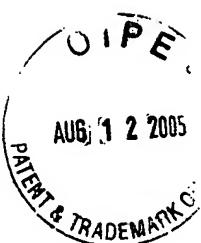


08-15-05

PPW #



STAR-2  
PATENT

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Kevin Gerard Fraser, et al. :  
Serial No.: 10/625,396 : Art Unit: 1732  
Filed: July 23, 2003 : Examiner: Beck, David Thomas  
For: METHODS AND APPARATUS :  
FOR FABRICATING :  
CELLULAR CUSHIONS :

Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL**

1. Transmitted herewith are:

- Amendment Transmittal and Certificate of Mailing By Express Mail (3 pgs.)
- Amendment in response to Office Action dated May 19, 2005 (2 pg.)
- Return Postcard

**STATUS**

2. Applicant

Claims small entity status.  
 is other than a small entity.

**CERTIFICATE OF MAILING BY EXPRESS MAIL TO  
THE COMMISSIONER FOR PATENTS**

Express Mail No.: ED 606571254 US  
Date:

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to: Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
Kevin G. Fraser

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

(a)  Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response<br>within:                | Other than small<br>entity Fee | Small entity Fee<br>(if applicable) |
|--|--------------------------------|-------------------------------------|
| First month                                      | \$ 120.00                      | \$ 60.00                            |
| <input checked="" type="checkbox"/> Second month | \$ 450.00                      | \$ 225.00                           |
| Third month                                      | \$ 1,020.00                    | \$ 510.00                           |
| Fourth month                                     | \$1,590.00                     | \$ 795.00                           |
| Fifth month                                      | \$2,160.00                     | \$1,080.00                          |

Fee: \$ 225.00

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

An extension of    months has already been secured. The fee paid  
therefor \$    is deducted from the total fee due for the total months of  
extension now requested.

Extension fee due with this request \$

OR

(b)  Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| (Col. 1)                                  | (Col. 2)                                    | (Col. 3)         | SMALL ENTITY               | OTHER THAN<br>SMALL ENTITY |
|---|---|------------------|----------------------------|----------------------------|
| CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR       | PRESENT<br>EXTRA | ADDITIONAL.<br>RATE FEE    | ADDITIONAL<br>RATE FEE     |
| TOTAL<br>INDEP.                           | MINUS                                       |                  | x \$25 = \$                | x \$50 = \$                |
|   | MINUS                                       |                  | x \$100 = \$               | x \$200 = \$               |
|   | — FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |                  | + \$180 = \$               | + \$360 = \$               |
|   |   |                  | TOTAL ADDITIONAL<br>FEE \$ | OR                         |
|   |   |                  |                            | TOTAL ADDITIONAL<br>FEE \$ |

(a) X No additional fee for claims is required.

**OR**

(b) \_\_\_\_\_ Total additional fee for claims required \$

## FEE PAYMENT

5. \_\_\_\_\_ Attached is a check in the sum of \$\_\_\_\_\_

\_\_\_\_\_ Charge Deposit Account No. \_\_\_\_\_ sum of \$  
A duplicate of this transmittal is attached.

## FEE DEFICIENCY

6. X If any additional extension and/or fee is required, charge Deposit Account No. \_\_\_\_\_

**AND/OR**

X If any additional fee for claims is required, charge Deposit Account No. \_\_\_\_\_.

7. \_\_\_\_\_ Other:

  
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 Belleville, Illinois 62221  
 (618) 632-7474